



## KESPS Team Membership Agreement

111 St. James Court, Ste. B Frankfort, KY 40601

(502) 607-5707 Email: [angela.l.roberts32.nfg@mail.mil](mailto:angela.l.roberts32.nfg@mail.mil)



Name (printed) \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

**Please initial each blank to show that you have read and understand each requirement of team membership with the Kentucky Emergency Services Peer Support (KESPS). Your signature at the bottom of this form denotes that you agree to each of the following membership requirements:**

\_\_\_\_\_ I shall maintain and abide by the standards of my profession, including licensure, certification and training requirements to support my KESPS team membership role.

\_\_\_\_\_ I hereby request KESPS team membership and agree to serve for a minimum of four (4) years in a voluntary capacity as a KESPS member. If I become unable to provide further services, I will submit a written letter of resignation to that effect.

\_\_\_\_\_ I understand that my team membership will be for four (4) years and during that cycle I will complete 30 hours of continuing education to support my role as a KESPS team member. I further understand that six (6) hours will involve KCCRT All Hazards Field Manual Training. Other sources of ongoing training include: KCCRB courses, KESPS Regional Team meetings and continuing educational units offered by recognized national and Kentucky CEU providers in the following core competency areas:

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| • Crisis Intervention/Psychological First Aids | • Disaster Mental Health       | • Stress Management            |
| • Effects of Traumatic Stress/PTSD             | • All Hazards Field Manual     | • Terrorism/bioterrorism       |
| • Family/Significant Other Support             | • Pastoral Crisis Intervention | • KCCRT Sponsored Training     |
| • Field Assessment                             | • Secondary Traumatization     | • Other Board approved content |
| • NIMS-Incident Command                        |                                |                                |

\_\_\_\_\_ I understand that to retain membership status I must be available for responses. My membership may be revoked if I am not available to respond three (3) or more times to a crisis within my area. Exceptions, in cases of illness or conflict of interest, may be made upon request.

\_\_\_\_\_ I agree to maintain strict confidentiality regarding statements made by participants or information acquired during KESPS crisis response except under those circumstances as required by Kentucky Revised Statute (KRS 209, KRS 620) i.e., duty to warn of danger to self or others, abuse, or neglect. I am aware that any violation of confidentiality may result in immediate dismissal from the KESPS team.

\_\_\_\_\_ I shall not act in the capacity of a KESPS responder, nor present myself as a KESPS member, at any given site without prior authorization or deployment from the KCCRB.

\_\_\_\_\_ I shall not solicit future clients or conduct other personal business while acting in the capacity of a KESPS member.

\_\_\_\_\_ I understand that only authorized reimbursable expenses associated with responding as a KESPS member will be reimbursed of vehicle mileage based on state rate for mileage.

\_\_\_\_\_ I understand when responding as a KESPS member, I will verify my identity to Incident Commander with my authorized badge.

\_\_\_\_\_ I have read and shall follow the KCCRT All Hazards Field Manual and other team membership guidance published and posted on the website at: [www.kccrb.ky.gov](http://www.kccrb.ky.gov) Please check here ☐ if you do not have access to the Web, and you will be sent a hard copy of the KCCRT All Hazards Field Manual.

\_\_\_\_\_ Upon termination of membership to KESPS, I will return all KCCRB property to the KCCRB office. This includes ID Badge, Accountability Tag, any KESPS shirts, polos, jackets, or vests.

\_\_\_\_\_ I sent/will send a current photo in jpeg format to: [angela.l.roberts32.nfg@mail.mil](mailto:angela.l.roberts32.nfg@mail.mil) for my new badge.

\_\_\_\_\_ In compliance with applicable federal and state laws and regulations, KCCRB prohibits any discrimination on the basis of race, color, sex, age, religion, national origin, sexual orientation, or disability. I agree to comply with all applicable federal and state laws and regulations pertaining to the recognition and protection of the civil rights of persons to whom services are rendered.

Applicant Signature \_\_\_\_\_



Direct all questions to [angela.l.roberts32.nfg@mail.mil](mailto:angela.l.roberts32.nfg@mail.mil) or 502-607-5707

Date:

Date \_\_\_\_\_

## Emergency Services Peer Support Team APPLICATION INFORMATION FORM

PO:

St. James Court, Ste. B, Frankfort, KY 40601

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

### Credentials

List your current licenses or certifications. (Please include a copy of each with your application)

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### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Alert Information

☐ NONE

Please list important medical conditions and food and drug allergies. If none, please check "none."

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### Current Place of Employment

☐ Check here if retired

Agency Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Why are you interested in membership on the Emergency Services Peer Support Team?

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Kentucky Division of Emergency Management  
**WORKERS' COMPENSATION ENROLLMENT FORM**



☒ **New Member**

☐ **Updated Enrollment**

Name (Last) (First) (Middle)

Street/P.O. Box/Route#

(City) (Zip Code) (County)

Phone Home: Office:

Sex: Height: Weight: Hair: Eyes:

Emergency Services Organization: DMA-KCCRB

Date of Enrollment:

List any special training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently a:

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| 1. Volunteer Firefight      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Auxiliary Policeman      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Water Rescue Team Member | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Cave Rescue Team Member  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Other: KCCRT Volunteer   |                              |                             |

Signature: Date:

**DO NOT WRITE BELOW THIS LINE**

Date Received in Area Office: